

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO. <sup>o</sup>	DATE
FEE DETERMINATION	B.H.	6225	9-2-98
O.I.P.E. CLASSIFIER	OK	16	9498
FORMALITY REVIEW	OK	71702	1/17

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/25/99
2	5/25/99
3	5/25/99
4	5/25/99
5	5/25/99
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47	5/25/99
48	5/25/99
49	5/25/99
50	5/25/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy